

**PERSONAL INJURY LIEN LETTER DATA FORM (Revised 2018 for CLS)**

Name of health care provider: \_\_\_\_\_

Address of health care provider: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**All Below Requested Information Is Needed Before This Firm Can Send A Lien Letter**

*Please write/print legible*

Name of patient: **Mr. or Ms.**(circle one) \_\_\_\_\_

\*\*\*\*If minor, please provide name of Parent/Guardian (**Mr. or Ms.**) \_\_\_\_\_

Name of Ins. Company (PIP or Liability) \_\_\_\_\_

Name of adjuster **Mr. or Ms.**(circle one) \_\_\_\_\_

Address of adjuster \_\_\_\_\_

Tele. (of Adj.): \_\_\_\_\_ Fax (of Adj.): \_\_\_\_\_

Claim #. \_\_\_\_\_ Name of Contact Person in Your Office \_\_\_\_\_

**\*\*\* Please attach a copy of the assignment of benefits/doctor's lien executed by your patient \*\*\*.**

Please note status of your patient's case (beginning, middle, MMI, etc.)

**If** Account Balance is **Final**, Please note so here \$ \_\_\_\_\_ and include with this request a copy of the itemized statement.

*Please write/print above information legible*

Fee: This Firm charges 18.5% of all monies received on any patient account for which this Law Firm has been initially retained to file a notice of lien interest. The Firm also charges a flat fee of \$50.00 for any lien we are asked to release by the Provider in order to cover our out-of-pocket costs.

**All Clients are on an honor system to report receipts of settlement payments made by a carrier or alternative method.**

Please be aware that Provider's retention of this Law Firm to represent its interests in placing a lien on Provider's patient's insurance claim does not include any additional collection services which Provider may require or request, it being the understanding of the Parties that the Law Firm does not provide additional legal services for the collection of patient accounts. All fees paid to the Law Firm hereunder represent payment for only the Law Firm's costs of processing, filing and maintaining said liens on Provider's behalf, and does not include any additional collection services.

Please Contact Chris Koehne at (512) 996-8842 or [chris@larrylaurent.com](mailto:chris@larrylaurent.com) if you have any questions. The Lien Letter Data Form and the Assignment of Benefits should be faxed attn: Chris Koehne (512) 599-8890.